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Examiner PATEL, Nitin C.

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571-273-8300

USPTO GPAU 2116

FROM:

Ryan S. Davidson

Reg. No.: 51,596

RE U.S. App. No.: 10/083,875, filed 02/27/2002

Applicant(s): Carl MIZUYABU et al.

Atty Dkt No.: 1376-0200080

Title:

SYSTEM FOR REDUCED POWER CONSUMPTION BY

MONITORING INSTRUCTION BUFFER AND METHOD THEREOF

NO. OF PAGES (including Cover Sheet): 17

MESSAGE:

Attached please find:

Transmittal Form (1 pg)

Fee Transmittal Form (1 pg)

Response to Final Office Action (14 pgs)

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PTC/SB/21 (09-04)
Approved for use through 07/31/2006. OM9 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1996, no delisons are required to reapond to a collection of information unless it displays a valid OMB control number. Application Number 10/083,875 Filing Date TRANSMITTAL 02/27/2002 First Named Inventor **FORM** Carl MIZUYABU et al. Art Unit 2116 Examiner Name PATEL, Nitin C. (to be used for all correspondence after initial filing) Attorney Docket Number 1376-0200080 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC |~| Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please identify Terminal Disclaimer Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) CUSTOMER NO.: 34456 Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name TOLER, LARSON & ABEL, LLP Signature Ryan S. Davidson Reg. No. Date 51,596 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimite transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Small Entity

Fee (\$)

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Fee (\$)

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Date

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Fee (\$)

300

200

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200

Ryan S. Davidson

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200

TOTAL AMOUNT OF PAYMENT

FEE CALCULATION

Application Type

Utility

Design

Reissue

Provisional

Fee Description

SUBMITTED BY

Name (Print/Type)

Signature

2. EXCESS CLAIM FEES

Multiple dependent claims

Plant

Credit Card

PTO/SB/17 (12-04) Approved for use through 07/31/2006, OMB 06\$1-0032 Under the Panerwork Reduction Act of 1995, no nersons are required to respond to a collection of information unless it displays a valid OMR control number. Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act. 2005 (H R. 4818). 10/083,875 Application Number received TRANSMI 02/27/2002 ENTER SAX CENTER Filing Date Carl MIZUYABU et al For FY 2005 First Named Inventor 1 2005 PATEL, Nitin C. AUG 0 **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2116 Art Unit 1376-0200080 400.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): None Money Order Deposit Account Name: ATI Technologies, Inc. X Deposit Account Deposit Account Number 50-0441 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17

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<u>Total Claims</u>	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Depe	ngent Clarins	
- 20 or HP =	x	=		<u>Fee (\$)</u>	Fee Paid (\$)	
HP = highest number of total dalms paid for, if greater than 20						
indep, Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		<u> </u>	=
53 or HP =	_2x.	200.00 =	400.00			
HP = highest number of independent claims pold for, if greater than 3						
3. APPLICATION SIZE	FEE					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)						
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number (of each addition	al 50 or fraction theres	of Fee (\$)	Fee Paid (\$)
- 100 =	/	50 =	(round u	p to a whole number)	×=	
4. OTHER FEE(S)						Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)						
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Other:						

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